Case 20-20419-JKS Doc 63 Filed 12/15/22 Entered 12/15/22 16:43:50 Desc Main Document Page 1 of 7

Fill in this information to identify your case:				
Debtor 1	Brenda Gilbert First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	20-20419			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

edule A/B: Property (Official Form 106A/B) Copy line 55, Total real estate, from Schedule A/B	Value \$ \$ \$ Your Amou	assets e of what you own 210,000.00 31,520.00 241,520.00 liabilities unt you owe 305,618.28
Copy line 55, Total real estate, from Schedule A/B	\$ \$ Your Amou	31,520.00 241,520.00 liabilities unt you owe
Summarize Your Liabilities Sedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Sedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ Your Amou \$	241,520.00 liabilities unt you owe
Summarize Your Liabilities edule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D edule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	Your Amou	liabilities unt you owe
edule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D edule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	Amou	unt you owe
Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Amou	unt you owe
Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D		305,618.28
edule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		
	\$	0.0
Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	16,750.03
Your total liabilities	\$	322,368.31
Summarize Your Income and Expenses		
edule I: Your Income (Official Form 106I) y your combined monthly income from line 12 of Schedule I	\$	5,406.8
edule J: Your Expenses (Official Form 106J) y your monthly expenses from line 22c of Schedule J	\$	4,759.2
Answer These Questions for Administrative and Statistical Records		
you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other s	schedules.
Yes		
\ \	Answer These Questions for Administrative and Statistical Records you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you Yes t kind of debt do you have?	**Section of the form 106 statistical Records** **Jour Expenses (Official Form 106 statistical Records** **Jour Expenses from line 22c of Schedule J

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Case number (if known) 20-20419 Brenda Gilbert

the court with your other schedules.

3,312.27 \$

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill	in this information to identify your c	ase:						
Del	btor 1 Brenda Gi	lbert						
1	btor 2							
Uni	ited States Bankruptcy Court for the	: DISTRICT OF NEW	JERSEY					
	se number20-20419		_	Chec	k if this is:			
(If kı	nown)				n amende	d filing		
_						ent showing po as of the follow	•	hapter
0	fficial Form 106I			Ī	/M / DD/ Y	YYY		
S	chedule I: Your Inc	ome						12/15
Pa	ch a separate sheet to this form. The describe Employment Fill in your employment	On the top of any additi	ional pages, write your name and	case n	umber (if	known). Ans	wer every o	uestion.
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing	j spouse	
	If you have more than one job,	Employment status	Employed		☐ Emplo	oyed		
	attach a separate page with information about additional	, ,	☐ Not employed		☐ Not e	mployed		
	employers.	Occupation	Retired					
	Include part-time, seasonal, or self-employed work.	Employer's name	On Social Security					
	Occupation may include student or homemaker, if it applies.	Employer's address						
		How long employed t	here?					
Pai	rt 2: Give Details About Mor	nthly Income						
Esti	mate monthly income as of the duse unless you are separated.		you have nothing to report for any I	ine, write	e \$0 in the	space. Includ	e your non-	filing
•	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information for all emplo	yers for	that perso	n on the lines	below. If yo	ou need
				For De	btor 1	For Debto		
2	List monthly gross wages, sala				0.00	\$	N/A	

deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

2.	\$	0.00	\$	N/A
3.	+\$	0.00	+\$	N/A
4.	\$	0.00	\$	N/A

Schedule I: Your Income Official Form 106I page 1

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Deb	tor 1	Brenda Gilbert	_	Case	number (if known)	20-20419		
				For	Debtor 1	For Debto	r 2 or	
						non-filing	spouse	
	Сор	y line 4 here	4.	\$_	0.00	\$	N/A	
5.	List	all payroll deductions:						
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$_ \$	0.00	\$	N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	
	5e.	Insurance	5e.	\$_	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.⊣	\$_ - \$	0.00	+ \$	N/A N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	' Ψ_ \$	0.00	, Ψ \$	N/A	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm	,.	Ψ	0.00	Ψ	IV/A	
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	82	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$ -	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		' _		*		
	0.4	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_ \$	0.00	\$	N/A	
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.	Φ_	2,299.00	Φ	N/A	
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		c	0.00	œ.	27 / 2	
	0.0	Specify: Pension or retirement income	— ^{8f.} 8g.	\$_ \$	0.00 3,107.84	\$	N/A N/A	
	8g. 8h.	Other monthly income. Specify:		· \$_	0.00	+ \$	N/A	
	011.	Canol monany mooniol oposity.				. —		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,406.84	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	5,	406.84 + \$_	N/A	= \$ 5,406	.84
11.	Incluothe	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		•	ed in <i>Schedu</i>		.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes					\$ 5,406	.84
							Combined	
13.	Doy	ou expect an increase or decrease within the year after you file this form	?				monthly incor	ne
		No.						
	П	Yes. Explain:						

Fill	in this informa	ation to identify yo	our case:					
Deb	otor 1	Brenda Gil	lbert			Ch	eck if this is: An amended filin	g
	otor 2 ouse, if filing)					_		owing postpetition chapter of the following date:
Unit	ted States Bank	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	,
1	se number 2	0-20419						
0	fficial Fo	orm 106J						
Be	as complete ormation. If m		s possible. eded, atta	If two married people ar ch another sheet to this				
Par 1.	t 1: Descri	ribe Your House	ehold					
1.	■ No. Go to	o line 2. es Debtor 2 live	in a separ	ate household?				
	□ N □ Y		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	hold of De	ebtor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents				Son		24	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
3.	expenses o yourself an	penses include of people other t d your depende	han ents?	No Yes				
Est	timate your ex	a date after the	our bankr	uptcy filing date unless y				hapter 13 case to report of the form and fill in the
the		h assistance an		government assistance i luded it on <i>Schedule I:</i>)			Your ex	(penses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	2,119.24
	If not include	ded in line 4:						
	4b. Prope	estate taxes erty, homeowner'		's insurance ipkeep expenses		4a. 4b. 4c.	\$	0.00 0.00 100.00
5.	4d. Home	eowner's associa	tion or con		me equity loans	4d.	· ·	0.00

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or1 Brenda Gilbert	Case number (if known)	20-20419
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	300.00
6b. Water, sewer, garbage collection	6b. \$	90.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	200.00
6d. Other. Specify:	6d. \$	0.00
· ·		
Food and housekeeping supplies	7. \$	715.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	75.00
Personal care products and services	10. \$	20.00
Medical and dental expenses	11. \$	125.00
Transportation. Include gas, maintenance, bus or train fare.		
Do not include car payments.	12. \$	200.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00
Charitable contributions and religious donations	14. \$	50.00
Insurance.	*	
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance		
15c. Vehicle insurance	·	
	·	0.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	40. ^	
Specify:	16. \$	0.00
Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: Pays to use son's car	17c. \$	400.00
17d. Other. Specify: Pays toward son's car insurance	17d. \$	250.00
Your payments of alimony, maintenance, and support that you did not report as		
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Sche		0.00
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance		0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: Auto Maintenance	21. +\$	40.00
· · · · ·		
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	4,759.24
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,759.24
ZZC. Add line ZZa and ZZD. The result is your monthly expenses.	Φ	4,/39.24
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,406.84
23b. Copy your monthly expenses from line 22c above.	23b\$	4,759.24
200. Copy your monthly expenses normale 220 above.	∠JDΦ	4,139.24
22a Cubiract your monthly avacage from the control of the control		
23c. Subtract your monthly expenses from your monthly income.	23c. \$	647.60
The result is your monthly net income.	230. Ψ	00.1.00
Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No.		ease or decrease because of
■ INO		
— No.		

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Fill in this information to identify your case:					
Debtor 1	Brenda Gilbert First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY	,		
_	20-20419				
(if known)					■ Che ame

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Die	d you pay or agree to pay someone who is NOT	n attorney to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read it they are true and correct.	ne summary and schedules filed with this declaration and
X	/s/ Brenda Gilbert	x
	Brenda Gilbert Signature of Debtor 1	Signature of Debtor 2
	Date December 15, 2022	Date